



CHANGE OF GRADUATION DATE / DIPLOMA ADDRESS/ MIDDLE NAME FOR EAST CAMPUS STUDENTS

This form is for Health Sciences students who have **ALREADY APPLIED** for Graduation, and wish to change their Graduation Date, Diploma Mailing Address or Middle Name.

Name: _____
(First) (Last)

SBID#: _____ Daytime Phone: _____

Academic Program: _____

I would like to change my **Graduation date*** (completion of program) to:

- | <u>Month</u> | <u>Term</u> | <u>Year</u> |
|---|-------------|-------------|
| <input type="checkbox"/> December | Fall | 20_____ |
| <input type="checkbox"/> January | Winter | 20_____ |
| <input type="checkbox"/> May/June | Spring | 20_____ |
| <input type="checkbox"/> June (Dental Post-Doc & certificates ending in June) / July / August | Summer | 20_____ |

***School Signature Required:** _____ Date: _____
(School Representative)

I would like to update my **Diploma Address** to:

Street: _____

City: _____ State: _____ Zip: _____

I would like to update my **Diploma Middle Name** to:

Middle Name: _____

Note: Maximum of 25 letters & spaces between first name & middle name

Signature: _____ Date: _____
(Student)

HS OSS use only

Return to: Office of Student Services, Health Sciences Tower L2-271, Stony Brook, NY 11794-8276
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